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APPLICANTS CT

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\*\* CONTINUING DATA \*\*\*\*\* none CT

\*\* FOREIGN APPLICATIONS \*\*\*\*\* none CT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 06/10/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>CT</u> Initials <u>CT</u>	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 2
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ADDRESS  
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TITLE  
 Radiosurgery x-ray system with collision avoidance subsystem

FILING FEE  RECEIVED 511	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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